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THE THERAPEUTIC VALUE OF SUGGESTION
DURING THE HYPNOTIC STATE:

Hamilton Osgood

*With an Historical Sketch of Hypnotism
and a Report of Thirty-five Cases.*

BY

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THE THERAPEUTIC VALUE OF SUGGESTION
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HISTORICAL SKETCH OF HYPNOTISM AND
A REPORT OF THIRTY-FIVE CASES.¹

BY HAMILTON OSGOOD, M.D., OF BOSTON.

THAT which formerly was, that which, popularly, still is, called "mesmerism," or, more exactly, "animal magnetism," founded on a belief in a magnetic fluid which is supposed to pass from operator to subject, a theory not wholly abandoned by the school of La Salpêtrière, has become recognized as *hypnotism*; and the power which the dormant condition of a hypnotized subject apparently lends to the operator, is no longer thought, by the school of Nancy, to be the result, nor the effect of a magnetic fluid emanating from the hypnotizer, but is clearly seen to depend wholly upon the *suggestibility* of the subject.

The history of hypnotism teaches that it originally appeared in the form of "animal magnetism," with which the name of Mesmer is commonly associated. But Mesmer invented neither the theory nor the name, for, suggested by the qualities of the magnet, mention of "animal magnetism" may be found as early as the sixteenth century; belief in the healing powers of the magnet existed in very early times and indeed, self-hypnotism was practised in India 2,500 years ago. The idea that magnetic properties dwell in the human body was slowly conceived and Paracelsus is said to have been the first writer who makes reference to it.

Later, books as huge as they were useless, were written upon the subject by Fludd, Glocenius, Max-

¹ Read at the meeting of the Boston Society for Medical Improvement, March 24, 1890.

well, Helinotius and other learned men. Mesmer undoubtedly read the forbidden books of these old fellows and was the first to apply, by the aid of touch and passes, the so-called "animal magnetism" to the sick. Magic caskets and talismans had previously been considered sufficient means of renewing vigor and healing diseases.

Born in 1734, in 1779 Mesmer was brought into notice by the pamphlet in which he announced himself as the discoverer of a new treatment. He believed in a fluid analogous to the power which resides in the magnet and which not only passed by volition from one person to another, but enveloped all things.

Mesmer became a temporary power. He established his famous *baquet* in Paris, and secured a large following. A vivid description of the scenes at his *baquet* may be found in "*Le Collier de la Reine*," by Dumas, père.

At various periods the French Academy appointed carefully chosen Commissions to examine the theories and practice of Mesmer, and finally refused to have anything to do with "mesmerism," as the treatment was now called. But through good and evil report, by means of an occasional scientific man and shoals of charlatans, animal magnetism lived and refused to die.

After Mesmer came the Marquis of Puységur, whose concourse of patients was so large as to be unmanageable. By means of passes he then, in strictest faith, magnetized a large tree and rods of glass. To this tree and these rods his clients had recourse for relief of their ailments.

Passing over the Abbé Faria, a Portuguese priest, who, in 1814, gave public exhibitions of magnetism in Europe, but who was the first to assert that the results produced depended upon the mind of the subject, passing also over men who were scientific in their study

of magnetism, — Bertrand, Noizet and others, — we come to Braid, the famous surgeon of Manchester, England, who, in 1841, proved that no magnetic fluid, nor mysterious force emanates from the hypnotizer. He discovered hypnotism and invented the name and showed that if the will of the operator be not expressed by word or gesture, and if he be not comprehended by the subject, no phenomena follow. Thus arose the present use of the term "suggestion." Braid was the first to hypnotize by means of a bright object. He used his lancet-case and this was his constant method. Braid's theories have been confirmed by modern investigators, but, in his day they created but little interest in England, and upon the Continent of Europe were hardly known.

In 1848, a New Englander, Grimes by name, who, some writers assert, knew nothing of Braidism, published and practised similar procedures under the title of Electro-Biology. His practice was imitated by other men, none of whom were scientific.

About that time, a Boston dentist, it is said, attempted to use hypnotism upon his patients as an anæsthetic. A little later various distinguished men in England, among them Bennett, Alison, Carpenter, Gregory, Dugald Steward, and others, published experiences which bore witness to the truths of Braidism. In France, Durand, de Gros, under the political name of Phillips, also Charpignon and especially, perhaps, Azam of Bordeaux, who wrote in 1860, did much to arouse scientific interest in the subject. Many others followed.

In spite of his illumination of the true causes of hypnotism, Braid did not attempt to elucidate the physiological and psychological mechanism of the phenomena, nor, strangely enough, did he apply suggestion to the treatment of disease. His reported cases (sixty

odd or more) were subjected to hypnotism and manipulations alone. The recoveries, however, naturally were due to unconscious suggestion, for in hypnotizing his patients, Braid, of course, did so with the belief, which his patients shared, or of which they were aware, that their ailments would be relieved.

Finally, however, it was Liébeault of Nancy, now famous as the father of the therapeutic application of suggestion, who, after several years of practical experience, published in 1866, the most important treatise² upon hypnotic suggestion which, up to that time, had yet appeared. Liébeault was pronounced erratic, hypnotism remained a scientific curiosity, the book was shelved, unnoticed, and was not republished until after Bernheim had written the charming book which was the final outcome of his accidental observation of Liébeault's practice, the two now distinguished men having lived unacquainted with each other in the same city for years.

In this book³ Bernheim not only gives Liébeault his proper rank and reputation, but shows that this patient pioneer, ignored and scouted by his medical brethren during the twenty-five years, in the course of which, alone and almost gratuitously, by means of hypnotic suggestion, he treated more than 15,000 patients of the poorer classes, had, by his cheerful persistence, by his faith in himself and in his method of treatment, won the merit of undying fame. "To-day," says Bernheim, "magnetism like alchemy is dead, but just as chemistry is the child of alchemy, hypnotic suggestion has been born of magnetism."

Following Bernheim, who published his first pamphlet in 1884, and the first edition of his book in 1886, Liégeois of Nancy, professor of jurisprudence, gave his

² *Le Sommeil Provoqué.*

³ *De la Suggestion, etc.*

experiences in hypnotism in a book of 750 pages, in which he deals eloquently and impressively with the medico legal bearings of hypnotic suggestion, and in which, also, he likewise gives Liébeault the place of honor and calls attention to the profound sagacity of his book.

Then appeared an interesting work by Beaunis, also of Nancy and professor at the Sorbonne, on the physiological aspects of the subject. These four books, written in fullest independence of each other, are in absolute harmony of opinion and cover the whole ground of hypnotic suggestion as practised by the Nancy school.

Richet, Janet, Prosper Despine, Ladame of Geneva, Heidenhain and Moll of Germany, and many other men in various European countries, have written upon the subject within a few years.

In 1878, Charcot began the study of hypnotism upon hysterical women. The results of his experiments, together with his theories, are embodied in the book of Binet and Féré on "Animal Magnetism."

When the light of the proofs of the simpler, more practical, more satisfactory, let it be said, more *impersonal* theories of the Nancy school of hypnotic suggestion, is turned upon the conclusions of the school of La Salpêtrière, the latter will be found strangely different, less attractive, less natural, making evident a curious self-deception as well as a lack of clear-sightedness. One is led to ask why Charcot does not reach other views. But he has done much to make hypnotism a science, as well as to relieve it of all imputation of charlatanry or imagination. Within the past five years the literature of hypnotic suggestion has grown to large dimensions. There is a monthly journal of hypnotism published in Paris. A congress devoted to hypnotism, at which many countries were represented, was held in Paris last August. In

that city there is an hypnotic clinic conducted by Berillon, editor of the journal I have mentioned, and a sturdy disciple of the Nancy school. Forel of Zürich, Van Renterghem and Van Eeden of Amsterdam, Ladame of Geneva, have treated hundreds of patients by hypnotic suggestion and continue the work.

There is much being done in Germany, Belgium, Spain, Italy and other countries, the operators following closely the tenets and practice of the school of Nancy, in the suburbs of which city, Liébeault, now advanced in years, but young in his enthusiasm, continues his clinic in a small building in his quiet garden.

The simplicity and practicality of the Nancy school of hypnotic suggestion, deny and have never been able to discover the marvels of second-sight, prophesy, power of seeing at a distance and through opaque bodies, the instinct of remedies, thought-transference nor transference by the magnet.

Bernheim, a genial gentleman, a very able clinician with an unusual degree of ability as a lecturer by the bedside and in the class-room, is *chef* of the medical school of Nancy and leader of the Nancy school of hypnotic suggestion. His welcome to me upon my arrival at his hospital, where I found him, was cordial and courteous. During a number of weeks I enjoyed the opportunity of passing several hours with him daily in the wards of *l'Hôpital Civil*. He is a born sceptic yet perfectly simple in acknowledging an error or change of opinion. As a hypnotizer he is very able, his general method being verbal suggestion. Even during my first day with him I witnessed results of suggestion which, though they occurred in my presence, were difficult to believe. It was new to me, for example, as an effect of suggestion, to see a man limp in with sciatica and walk out painless and with freedom of motion. But I soon became accustomed to expect such benefits.

As Bernheim passed from bed to bed, I saw that his patients not only liked him, but that they welcomed hypnotism. Whenever and wherever he felt that he could aid or relieve a patient, no matter what the ailment, he applied suggestion. With it he naturally and frequently prescribed necessary drugs. In the preface of the first edition of his book he says: "I must avow that in the beginning I experimented with great scepticism, but, after groping and hesitation, I did not long delay in admitting results which were certain and which imposed upon me the duty of breaking my silence." In the preface to his last edition he further says: "I do not hesitate to say that my preceding edition has been an actual revelation to many physicians . . . and, therapeutic suggestion, accepted and practised by them all, will become one of the most striking conquests of contemporary medicine." His book is the clearest and most brilliant yet written for physicians. The work of Liégeois is one which should be read, not alone by medical men, but by every judge and lawyer; for, sooner or later, hypnotism will not only become a part of the physician's daily treatment of disease, but will force itself upon the attention of the legal profession as well as upon the notice of students of medical jurisprudence.

The meaning of the terms hypnotism and suggestion, may perhaps not be clear to those who are unfamiliar with their application. Or, it may be that hypnotism is supposed to be the all-important factor, the terms "suggestion" and "suggestibility" being considered subordinate. The exact reverse of this is the real truth. "Suggestion dominates hypnotism" (Bernheim).⁴ Hypnotism is a means. Suggestion carries the remedy. When one begins the study of this momentous subject, there naturally arises a

⁴ De la Suggestion, etc.

certain embarrassment. One does not always see clearly. I trust, then, that I may be excused if, for a moment, I treat the matter in a somewhat elementary manner. What then are hypnotism and suggestion?

Technically, hypnotism is a mode of action upon the brain and nerves of a subject through the medium of the senses. In everyday English it means the act of putting a person asleep, or using Bernheim's⁵ definition, it is "a provocation of a particular psychical condition which augments suggestibility." Hypnotism is not the sleep. That condition when it has resulted from hypnotism is simply the *hypnotic state* and this state is created by verbal and other suggestion on the part of the operator. The degree of readiness with which the subject falls into the hypnotic state, depends upon his suggestibility, another technical term now in common use. The patient's suggestibility is also a condition of degrees. The more susceptible, the more impressible he is to the suggestions of the operator, so much higher is the degree of his suggestibility. In this sense what is the meaning and the use and the result of suggestion?

Suggestion is the expression of an idea, or combination of ideas, which becomes impressed upon the mind of the subject to whom it is addressed. This impression having taken possession of the mind, conscious or unconscious results are sure to follow. This explanation sums up the meaning, use and result of suggestion as applied to hypnotism and the hypnotic state.

If a subject be awake, he can, according to the strength of his will and desire, control to a greater or lesser degree, the effect of a given suggestion which he has received.

⁵ De la Suggestion, etc.

In the hypnotic state this self-control is steadily *decreased* in a ratio corresponding to that of the *increase* of the degree of sleep. Nevertheless, if merely the first degree of hypnosis have been attained, the subject, conscious of all he hears, still largely capable of reason and mental analysis, all unwittingly may be influenced by the suggestions of the operator.

Suppose I sit on the lee side of a yacht's wheel and lay my hand upon it, the steersman meanwhile being in a sleepy condition. He is semi-conscious of what he is doing, of the wind upon his face, of the rush of the waters and after a fashion he steers his boat. But he is sleepy. How easy it is for me quietly and gradually to shift the wheel a spoke or two, and, absolutely without the knowledge of the steerman, to alter the yacht's course by a few points. Precisely similar in the first degree of the hypnotic state is the effect of suggestion.

The degree of sleep which a subject may reach under hypnotism, cannot be estimated until he has been hypnotized. Those who are accustomed to receive commands, — sailors, servants, soldiers, working people, children, all of whom have but a small variety of thoughts, whose minds are simple or one-folded, to use the quaint German expression — *einfältig* — these commonly yield easily to the suggestion of sleep. Whereas, individuals whose mental life is more complicated, are less ready to fix the attention upon the thought of sleep. Preoccupation often prevents the psychical concentration necessary to develop the hypnotic state. On the other hand, a perfectly uncultivated and non-resistant mind will sometimes prove absolutely refractory, while another of high culture will yield to the first suggestion. In general, however, the more simple the mental habit, the more quickly sleep comes and *vice versa*.

Sleep generally becomes more profound after frequent hypnotization and the suggestibility of the patient is correspondingly increased.

It is a necessity for the subject to yield without cerebral resistance. If a person do not wish to be hypnotized and, especially, if he know that this unwillingness will balk the operator, he cannot unless of vacillating mind, be made to sleep. Some individuals do not know how to put themselves into the psychological state which is indispensable to the realization of the suggestion of sleep. Consciously or unconsciously they refuse to accept it and thus, as Bernheim⁶ remarks, create a sort of counter-suggestion. Experience shows that men are more easily hypnotized than women, and although hysterical women occasionally yield easily, many of them are troublesome subjects. Children, almost without exception, sleep quickly. The insane, the melancholy, persons who have a fixed idea and the hypochondriacal, are hypnotized with difficulty. Voisin⁷ has done much among this class of subjects but confesses that they require an enormous amount of time and patience as well as careful management. The existence of severe pain often frustrates an attempt to produce hypnosis. But the great majority of people may be readily hypnotized into one degree or another. Even the first and second degrees of somnolence, though perhaps not actual sleep, are at any rate a special state which lessens cerebral resistance and renders the brain susceptible to suggestion.

"Every subject," says Bernheim,⁶ "has his own individuality, his own manner of being peculiar." The physician, therefore, must learn to adapt himself to every case, not only in the manner of suggestion, but also in the means which he chooses to induce sleep.

⁶ De la Suggestion, etc.

⁷ Les Comptes Rendus.

The character of the sleep is normal. In sleep of ordinary character, if the operator can put himself in relation with the sleeper without waking him, he can obtain the same phenomena of suggestion which would follow hypnotism of the individual in the usual way. The suggested does not differ from the natural sleep. Bernheim, Liébeault, Beaunis and the majority of the followers of the Nancy school are agreed upon this point. A person upon observing the purely automatic manner in which a patient, who is deeply asleep, will respond to the commands of the operator, may claim that such a sleep is not natural. Why not?

Soldiers under drill instantly obey without thought and with automatic precision. For the time being, their minds, in the *waking state*, are in the keeping of their officer. The mind of the hypnotized sleeper is directed in an absolutely similar manner. Leave him alone. Give him no commands. His sleep will then be seen to be natural. Consider for a moment the common phenomenon of waking in the morning at a previously fixed hour. This is a self-suggestion which lingers mentally and bears fruit at the appointed hour. No one, I suppose, will undertake to claim that the sleep is therefore not natural. This is a fair illustration of the effect of hypnotic suggestion.

The phenomena of the hypnotic state, then, are merely psychical, not physical. When the subject wakes, his sensations will be those of comfort and well-being, and in the exceptional cases in which the psychical effect of hypnotism may have exerted a disturbing influence, it is necessary only for the operator to suggest that, on waking, the patient will feel perfectly well and the disturbance will not recur. This slight and exceptional unrest occurs only in the uninitiated. After having been once or twice hypnotized, familiarity deprives them of all annoyance. Among

the hundreds of cases of hypnosis which I have seen and caused, I have never yet heard a patient express anything but a sense of refreshment and content on waking. If there be discontent it is because he has been roused. It is absurd to consider the sleep neurotic, pathological, and especially hysterical. With this opinion in view, let it be remembered that nine out of ten persons can be hypnotically influenced, and one may at once admit that nine-tenths of humanity are hysterical.

In my own practice general health has been increased in the most remarkable degree by the hypnotic sleep, and the necessary suggestions. The ordinary, like the hypnotic sleep is due simply, to fixation of the attention and nervous force upon the idea of sleep. "But," as remarks Liébeault,⁸ "the ordinary sleeper once in a condition of immobility, is in relation only with himself. His dreams are suggested by himself.

"The *hypnotized* sleeper falls asleep with his thoughts *en rapport* with the person who has put him to sleep, and hence the possibility of that strange power, external to himself, of suggesting to him dreams, ideas and acts.

"Loss of memory on waking from profound hypnotic sleep arises from the fact that when waking occurs, the entire quantity of nervous force which accumulates in the brain during sleep diffuses itself anew throughout the entire organism. This force having diminished in the brain, it becomes impossible for the subject, on returning to himself, to re-grasp in his memory that of which just previously he was conscious. During ordinary sleep, or in the lighter hypnotic slumber, this nervous force which accumulates at the locality of fixed idea is less in quantity. The other portions of the nervous system are not so

⁸ Le Sommeil Provoqué.

active. Dreams are created by peripheral impressions. More than this, waking is not brusque but progressive. The accumulation of nerve force in the brain diminishes gradually, and when thought begins to re-establish itself, it grasps anew the souvenirs of at least the end of the sleep." In these theories Liébeault approaches closely to those of Durand, de Gros.

Degrees of sleep vary with the individual. While there are many intermediate stages, the nine degrees of Bernheim⁹ seem to be very sharply marked by the varying phenomena of the hypnotic state. Liébeault recognizes six degrees, Van Renterghem and Van Eeden¹⁰ three only. Bernheim's classification, however, is more satisfactory. He calls them degrees of influence. I prefer the term, sleep. These degrees are divided into two classes, in one of which, comprising six degrees, memory remains intact; in the last three, on waking, memory is found to be abolished. Very briefly the degrees are thus expressed:

First Degree. — Sleepiness; general torpor; suggestibility. Pain may be relieved by suggestion, and though he remain conscious, the patient is physically influenced.

Second Degree. — When defied to do so patient *cannot open his eyes*. Is more deeply influenced.

Third Degree. — Patient is *suggestible to catalepsy*; that is, a limb placed in a certain position will remain fixed. But if the patient be defied to change posture, he can do so.

Fourth Degree. — Suggested influence is manifest. *Catalepsy is pronounced*. Excepting certain cases, it is impossible for patient to change posture. *Rotatory automatism* exists; that is, if patient's hands are made to revolve about each other, he cannot arrest them,

⁹ De la Suggestion, etc.

¹⁰ Comptes Rendus du Congrès de l'Hypnotisme.

though in some instances verbal order is necessary for continuation of the movement.

Fifth Degree — In addition to the cataleptiform state, suggestions will cause *contractions* which the patient cannot change.

The psychical state now has become such, that every attitude given to a limb is maintained. This attitude is accepted by the brain of the subject. He does not possess sufficient *cerebral initiative* to modify spontaneously the created muscular state. It is a condition of fixed idea.

Sixth Degree. — *Automatic obedience* more or less pronounced, is added to the foregoing phenomena. While left alone the subject is inert and passive. On suggestion he will rise, will walk, stop when ordered; and if it be suggested that he cannot move, he will remain fastened, as it were, to the spot. He is susceptible neither to sensorial illusions nor hallucinations.

In these six degrees memory on awakening is always intact. In the earlier degrees some individuals are conscious of having slept. Others are not. Still others deny having been asleep, but the influence of suggestion can be proved. In all these six degrees simulation is possible. The patient may open his eyes, nevertheless, though signs of life are evident and although the patient can hear, that he has been influenced can be shown by physical changes. The patient may claim that his quiet was wholly due to mere complaisance on his part. But the physician cannot be deceived, for in all probability pain will have been relieved by suggestion. In the three remaining degrees, the patient on awakening may perhaps recall certain things, but in general amnesia is absolute.

Seventh Degree. — Memory is effaced, but there is absence of hallucinability. In this degree nearly every patient will be liable on suggestion, to exhibit catalepsy,

contractions, automatic obedience and automatic movements; but in certain cases one or another of these phenomena may be lacking. Very exceptionally all may fail; the absence of memory on awakening being the sole indication of the degree of sleep.

Eighth Degree. — Amnesia on waking, together with the other phenomena already named. During sleep increase of hallucinability. But in this degree suggestion will not create hallucinations for the waking state.

Ninth Degree. — Amnesia on waking, with possibility of reaching hypnotic and post-hypnotic hallucinations, which, in many cases, are realized with perfection. Still, there are numerous stages in this one degree; for, hallucination may be more or less complete, more or less sharply outlined. It may affect certain senses, as for example, the olfactory and auditory, and not others, as the visual.

To a greater or lesser degree anæsthesia will be found in every stage of hypnosis; but is generally more common and clearly defined in the highest degrees, especially in profound somnambulism. This anæsthetic condition will often be found useful in minor surgical operations, but can never take the place of ether, for the anticipation of a serious operation would, in many cases, cause mental agitation sufficient to prevent the production of hypnosis. The proper way would be to gain the patient's permission to do an operation under hypnosis at a time not fixed in advance. If anæsthesia be not spontaneous it often may be caused by suggestion, but, mild anæsthesia sometimes is wholly peripheral or cutaneous.

Thus hypnotism betrays itself in different subjects as a result of varying influences, from simple torpor in the lowest degree of sleep, through cataleptic attitudes and automatic movements, to the highest degree in

which suggestion plays upon the subject as upon an instrument. If suggestion will *cause* anaesthesia, contractions, catalepsy, paralysis, etc., it should naturally be supposed that it will also relieve these conditions as well as restore functional power.

Here it may be said that hypnotism is not an indispensable aid to suggestibility, for there is a certain percentage of cases in which this condition exists in the waking state. I will allude to this feature again.

Now naturally arises the question as to what proportion of individuals is susceptible to hypnotism. According to the school of La Salpêtrière, which does not consider a subject hypnotized unless the influence be deep, this proportion is small; but, turning to the tables of Liébeault,¹¹ we find that out of 1,014 cases only 27 were refractory. The remainder were affected as follows:

Marked Somnolence	33
Light Sleep	100
Profound Sleep	460
Very Profound Sleep	232
Light Somnambulism	31
Profound Somnambulism	131

Thus it will be seen that nearly all were more or less influenced, or, inexactly, only two and six-tenths per cent. proved refractory or incapable of being influenced. When it is considered that even in the lowest degree of somnolence, patients may physically be helped by the proper suggestions, it becomes apparent that the aggregate of relief afforded the 987 patients must have been very great. It should not, moreover, be forgotten that permanent relief of suffering by this means is quicker than by any other known method. Subjects, who at first are not affected, may be so educated that after a number, more or less, of sittings they become easily hypnotized.

The history of the advance from "mesmerism" and

¹¹ Le Sommeil Provoqué.

the so-called "animal magnetism" to hypnotic suggestion, of itself shows that suggestion is the actual solution of the mysteries which popular belief has long attached, and still does attach, to the theories of Mesmer. There is the belief in the peculiar power of the eye of an exceptional person; the belief that such a power is irresistible; the belief that when an individual has been thrown into the "magnetic" sleep, only the operator can arouse him from that sleep; the belief that the sleep is due to a magnetic fluid, which only a few possess, and which emanates from the operator with a power varying according to his will; the belief that a person once subjected to this so-called power is for ever after subordinate to the operator, even at a distance. These beliefs have been proved to be erroneous. There is no peculiar power, no fluid, no animal magnetism concerned in the application of hypnotic suggestion. If he be not timid nor ignorant, the first comer can generally wake a hypnotized subject, unless, I will add, the hypnotizer has suggested that he alone can arouse the sleeper. Whatever changes may occur in the physical condition of a patient under hypnosis, seem wholly due to processes which are set in action in the nervous system of the subject. The physician is the instrument of cause only in so far as he makes suggestions to the dormant mind of the patient. According to Liébeault,¹² independent thought is composed of sensation, memory and attention. During hypnotic sleep, sensation and attention are in abeyance. Memory may exist. Anæsthesia may be slight, but attention is wholly or largely in the keeping of the operator. The mind of the patient is a *tabula rasa*, upon which the suggestions of the physician imprint ideas which differ diametrically from those of the patient in the waking state. For example,

¹² Le Sommeil Provoqué.

while in the waking state, the mind of the patient is occupied by the thought that he is suffering. The suggestion of the physician is that when the patient is roused from sleep, the pain will be gone or relieved. That it is being removed by nervous force which originates in the nerve-centres of the patient.

Under the influence of hypnosis, the cells of the brain, which preside over thought and idea, are in a blank condition. By the auditory nerve which, in the hypnotic state, remains sensible to the suggestions of the operator — but often to those of no other person — by this nerve these brain-cells have received the idea that pain is to be relieved. This idea, impressively suggested, becomes converted or transformed into an automatic, involuntary force, which, being suggestively directed to the part in question, so modifies its supply of blood and nerve power, that it stills or at least relieves the suffering.

In this respect, cases under hypnosis differ as widely as they do in the waking state. In some individuals ideas are grasped and assimilated instantly. In another class, all nervous processes are relatively slow, requiring more time than in the first class. And there is considerable variety in the time which elapses between cause and effect, but, given the hypnosis, the effect is surely reached. To those unfamiliar with suggestive therapeutics, it may appear strange that a suggestion given to a sleeping patient invariably directs the influence to the part involved. Bearing in mind that the mentality of the patient is at the will of the physician, let such a doubter fix his mind upon any portion of his body. He will quickly find that the organ or locality has become apparent to him. One of the commonest of phenomena is a glow of warmth in the patient's hands within three minutes after the requisite suggestion has been made.

An individual is suffering, let it be supposed, from rheumatic pain in one shoulder. He is hypnotized and perhaps reaches only the first or somnolent stage of sleep, nevertheless, the proper suggestion being made by the physician, the patient when aroused finds that the pain has disappeared. In my own practice, I have seen this result again and again.

This is called marvellous, a miracle. So it is marvellous; so it is miraculous. But not more so in the slightest degree than are the nervous phenomena which are occurring in every one of us at the present moment. If the prompt relief of headache, constipation, diarrhœa, dyspepsia, forms of paralysis, sciatica, pains of childbirth, aphonia, chorea, pain of whatever character and other physical ills, by means of hypnotic suggestion, seems remarkable, is it more so than the psychology and physiology of a blush, a sudden pallor, a syncope, a cold perspiration from agitation, a headache, a diarrhœa from fear or fright, and hundreds of other manifestations of the transformation of mental impressions into automatic action, into a sensation of heat or cold, into instantaneous mental depression which sickens the whole body, or joyousness which restores health to every function? These phenomena occur constantly during the waking state independently of thought or any conscious process of reason.

The sudden relief of suffering through an imperious suggestion to a dormant mind, is not a whit more remarkable than the immediate cessation of pain in an aching tooth when the victim grasps the dentist's bell-handle.

There is no conscious mental action here. It is, rather, an example of effective suggestion in the waking state.

To make complicated nervous processes clear to our minds is naturally a difficult matter, but unmistakable results are undeniable.

In the study of all nervous phenomena, physiological reasoning probably has always been of the *a posteriori* order. By an inopportune or untimely remark, one brings a quick blush to the face of a sensitive person. There is almost no lapse of time between the word which is the cause and the blush which is the effect, yet, how extremely complicated is the nervous action involved. In attempting a detailed explanation of the process, the mind almost naturally works backward from effect to cause. So in view of the relief, which is the result of a suggestion firmly impressed upon the mind of an hypnotized patient, one thinks backward, and the only solution seems to be that the effect has been the outcome of a transformation of the implanted idea. And this conversion of an idea into another kind of nerve power, undoubtedly means, as in case of the blush, that the mental impression has passed from the psychical organ into the grasp of the sympathetic, the involuntary nerves. In ordinary daily life, there are so many incessant examples of this rapid transformation of idea into act or sensation, or into cessation of both sensation and act, all being accomplished without the slightest mental consciousness of, or of reasoning upon the process, that, when one has been occupied with hypnotic suggestion for a certain length of time, and has become accustomed to observe and to expect a beneficent result, he finds he has wholly lost the sense of wonder, for he has learned to appreciate the simple fact that these results are no more extraordinary than the common nervous phenomena of every moment. He clearly sees, moreover, that the lack of unconsciousness of the mechanism of the nervous act, or of the change in the blood supply, is as habitual in the waking as in the hypnotic state.

Bernheim ¹⁸ furnishes the following formula — which

¹⁸ De la Suggestion, etc.

he is careful to say is not a theory — of the mechanism of suggestion: "It is an increase of the reflex ideomotor, ideo-sensitive, ideo-sensory excitability. Just as, under the effect of certain influences, for example, of strychnia, moto-sensitive excitability accumulates in the spinal cord in such a manner that the slightest impression upon the peripheral termination of a nerve immediately transforms itself into contractions, a transformation which the brain is powerless to prevent, or anticipate, so in hypnotic suggestion ideo-reflex excitability accumulates in the brain to such a degree that every received idea at once transforms itself into an act, a transformation which the psychical organ, the upper layer of brain-cells, is powerless to prevent."

In a hypnotized person there exists a particular aptitude for the transformation of a received idea into an act, or cessation of pain, or change of view, or moral impression. In the intemperate, for example, the suggestion that the sleeping subject will acquire a loathing for alcoholic beverages, becomes an actual condition during the waking state. Proof of this will be given in the details of one of my own cases. In Paris, Berillon makes a speciality of treating vicious and weak-minded children by suggestion.

A few years ago a person who claimed that, being in Boston he could converse with a man in New York and hear his voice more distinctly than if he were in an adjoining room, would have been considered simply a crank, and, yet, among those who are in the daily enjoyment of this remarkable luxury, how many are there who can explain the telephone? Familiarity with results finally leads us to believe in the cause even though we do not understand it. Evidence is the great factor in the simple acceptance of a belief in the power of hypnotic suggestion and the proofs of the therapeutic effect of suggestion are beyond refutation.

Sceptics invariably will be found to be either ignorant of this beneficent means of relief, or, obstinately fixed in the belief that there can be no other true verdict than their own. With reference to this very point, Bernheim¹⁴ pertinently says: "Many, blinded by an opinion formed in advance, even in the face of the evidence of facts, will see and yet deny, because they are penetrated by a sense of the infallibility of their own judgment and because they systematically close their eyes to truths which do not adapt themselves to their preconceived ideas."

The explanation I have given of the probable psychological and physiological process which occurs between the mental reception by the patient of an hypnotic suggestion and the relief of a given ailment is not wholly satisfactory. There still exists an unanswerable why? and how? This explanation, however, is the best I have to offer and *a posteriori* is acceptable and plausible. At all events, if the process cannot be proved the beneficial result is as clear as noon-day.

A striking indication of the efficacy of suggestion is the fact that when the patient is so profoundly asleep that on waking he has no memory whatever of what may have been suggested, the existing ailment is as absolutely relieved as in the lighter degrees of sleep and probably with a more permanent result. In deep sleep the largest amount of incredulity on the part of the patient does not in any sense interfere with the effect of suggestion. If the patient but yield to sleep he will be relieved.

It may be asked, Can suggestion repair, can it recreate a synovial membrane, restore a cartilage, or a cardiac valve, or destroyed tissue of any sort?

Probably the most enthusiastic advocate of the value

¹⁴ De la Suggestion, etc.

of hypnotic suggestion does not make such a pretense. But, thousands of instances prove that this form of therapeutics will relieve pain, discomfort, mental depression, will stimulate the heart and nerve centres and thus open the way to better conditions.

In our ordinary treatment of illness we do not attack the disease *per se*, we meet and attempt to overcome symptoms hoping that the *vis medicatrix naturæ* will do the rest.

Quoting again from Bernheim :¹⁵ " Our therapeutic agents are only functional medication. Suggestion is likewise a powerful functional medication. Joints rendered immovable by inflammation and pain ; a feeble circulation due to organic disease of the heart, even paralysis, may be aided by a power whose effect is to calm the pain, stimulate the nerve supply, enable the patient to move a formerly painful joint and thereby aid in restoring its suppleness, as well as the activity of the capillary circulation and thus also, perhaps, its normal integrity."

" Pain," says Delbœuf,¹⁶ " leads the patient to think of his lesion and in thinking of it he exasperates it. Hypnotism (suggestion) by distracting this attention works against the suffering. It diminishes the evil by leading the patient not to think of it."

" Suggestion," remarks Bernheim,¹⁵ " attacks the malady through one of its elements and the suppression of this morbid element may react happily upon the entire pathological condition, of which all the elements are reciprocally subordinated the one to the other. What else is effected by habitual therapeutics? Do opium, quinine, salicylic acid, frictions, vesication, massage, or electricity, effect anything else than an attack upon the malady by one of its elements? Do we pos-

¹⁵ De la Suggestion, etc.

¹⁶ De l'origine des effets curatifs de l'Hypnotisme.

sess many medications which have the property of modifying directly the material lesion? It is the restoration of function, which, when it is possible brings about organic restoration."

"Hypnotism," says Beaunis,¹⁷ "is nothing else than a combination of nervous phenomena which ought to be studied like any other physiological question — cerebral localizations, for example — and with the same scientific spirit."

It is useless to multiply argument. In personal experience the sceptical will find abundant proof of the value of hypnotic suggestion. Scepticism will invariably be found in the minds of those only who are ignorant of hypnotic suggestion in a technical, practical sense. It matters not how profound the scientific attainments of such sceptics may be in other directions, if they have not made themselves personally familiar with the therapeutic application of this treatment upon *their own patients*, they are simply unacquainted with this means of relief; and their objections to it naturally are of no value whatever.

In one who is unfamiliar with hypnotism, surprise is usually created by the discovery that the process is of frequent and striking value in forming a diagnosis. As an illustration I may quote one of my own cases: The patient is a young woman, the details of whose case I will give later. Suffice it to say that she was supposed to have paraplegia. Her legs were incapable of giving her the slightest support. Her feet were moved and placed for her. I hypnotized her as she sat in a wheeled-chair. She passed at once into the seventh degree of sleep. Lifting her foot until the leg was in a horizontal position, I said: "You cannot put your foot down. Try as hard as you like." The limb remained for a time rigidly fixed in extension. What

¹⁷ Du Somnambulisme Provoqué.

further than this cataleptic attitude was needed to prove that the paralysis was functional? Observe, too, that only a few moments were needed to reach a diagnosis.

It should be remembered that it is by suggestion that the physician habitually calms the fears of his patient, gives him hope and courage and sometimes even relieves suffering. But in the waking state verbal suggestion would hardly be expected to dispose of a headache, quiet neuralgic and rheumatic pain, bring on a retarded menstruation, relieve constipation and other ills, in a single sitting. The effect of suggestion in the waking state, however, may now explain many curious phenomena, for example, the powerful effect of Mesmer's famous *baquet*, of the Marquis of Puységur's magnetized trees and rods of glass, the apparent relief by pure homœopathy, by magnets, by the so-called electro-magnetic belts, rings, etc., by amulets, talismans, miraculous waters, as those of Lourdes; the prevention of rheumatism by a chestnut carried in the pocket, and there are scores of other popular sources of relief, in all of which suggestion, and nothing but suggestion, has been the means of aid. If such be the effect of suggestion in the waking-state, how much more active should be verbal suggestion when applied to a dormant, non-resistant brain which, as has been so often proved, transforms the suggested into actual relief? Occasionally, an individual can produce changes in his physical condition by means of auto-suggestion and if it could be developed, this would be a power of great value. At the recent Congress in Paris for the discussion of hypnotism Dr. Coste de Lagrave reported that he had warmed his body during bitter cold, arrested gastralgia in himself, marched without fatigue, etc., simply by this means.

Self-hypnotism is also not only possible, but has

been practised by the Magi of Persia and the Jogi of India, for more than 2,500 years for religious purposes, these men throwing themselves into their ecstatic trances by each maintaining a steady, fixed gaze at the tip of his own nose. They thus attained the desired habit of abstraction and concentrated attention.

Last summer an hysterical patient told me that when unusually wakeful, she drew her candle close to her face and by gazing fixedly at the flame for a few moments, invariably fell asleep. These instances are excellent proof that fixation of vision suggests sleep, and they exclude the claim that hypnosis is due to the magnetic power of another person.

It must, however, be distinctly understood that no advocate of hypnotic suggestion invests it with an universal power. It by no means excludes other forms of treatment and should be regarded as an important and valuable adjunct. But, it will be discovered that in a vast number of cases in which medicine in some form generally would be prescribed, suggestion under hypnosis is not only a more agreeable and more effectual remedy, but will bring relief with a rapidity which will far outstrip the slower action of drugs and render them superfluous as well.

What are the procedures of hypnotism? The simpler they are the better. Whatever be the means adopted, they are nothing but suggestion. The complicated methods including certain positions of the patient, certain manners and attitudes on the part of the operator, are needless and smack of charlatanism. As a preliminary, it is well to explain that the sleep is perfectly natural and that it will prove a means of relief. The first thing is fixation of the patient's eyes. This is classic. In the books the physiological and psychological effect of this arrest of the eye is explained at length in many-worded paragraphs. It

seems to me sufficient to say merely that quietude of the eye is a first natural physiological step in sleep. Watch a person who falls asleep over his book. First, his eye stops upon a certain line and ceases its movements from left to right and back again; it stares at the page, and the mind is no longer cognizant of the sense of the words. The upper eyelids then become heavy; they droop; they begin to cover the pupils; they join the lower lids; sleep has come. Now, in fixing the eye, dozens of methods are adopted. There is the bright point, a finger ring, a pencil top, a thermometer case, a small mirror, revolving mirrors, a candle flame, a polished ball of steel, etc., each, of which, should be held between and a little above the eyes, for, convergence of the eyes induces sleep. But none of these objects are necessary. *The eyes of the operator, or his finger and thumb held one before each eye of the subject, are sufficient.* A few passes with the hands are sometimes useful. The physician may then say: "Fix your eyes upon mine (or upon the object chosen) and think only of sleep. Your eyelids begin to feel heavy, your eyes are warm, the brain expects sleep; your body and limbs feel quiet; you begin to be drowsy; your eyes are closing." Perhaps the command "*Sleep!*" will complete the act of hypnosis and the patient has reached one of the degrees of slumber. But if by this time the patient's eyes have shown no signs of yielding, close the lids gently with the finger and thumb, and holding them thus, repeat the same formula and add: "You hear what I say, you think you are conscious but you have reached a degree of sleep. You have no desire to move. You feel that rest has come. It is agreeable," etc. This is usually efficacious and if the patient be not asleep, or sleepy, it is better to postpone the attempt. One simply says: "You have been influ-

enced. The next time you will go to sleep." In many cases verbal suggestion alone will cause hypnosis. Some subjects are so susceptible that it is necessary to say only: "Before I count ten," or "Before I repeat the alphabet from A to G," or "Before you have completed ten deep inspirations, you will be asleep." The method is always a suggestion. I saw one French operator gently pinch the ear of his patients and quietly order them to sleep and hypnosis followed.

In going to sleep the eyelids of the patient will either calmly close, or close and open a few times, meanwhile becoming moistened with tears, and finally closing with a quivering motion which sometimes continues during the sleep and should be disregarded. Sometimes the eye-ball rolls about under the lid or turns upward and remains fixed, or is perfectly still. At the first sitting it is better not to defy the patient to open his eyes, nor to test the degree of hypnosis. Suggestion should first be used. The patient is told that his pain is disappearing; that on waking, it will be gone; that relief is coming; that the nerve and blood supply of the affected part is being so modified, that he will be conscious of a sensation of warmth in that locality; that all discomfort will vanish, etc. If a joint be rheumatic or painful, the corresponding limb should be moved gently at first, and finally be briskly exercised in all directions, meanwhile the suggestion, "This will not hurt you in the least," is helpful.

Two suggestions should be unfailing, namely, that the patient will wake in absolute comfort, and that he will sleep soundly the following night. This usually occurs. Impress upon the patient also that he is resting and being refreshed with great rapidity.

I find it of much usefulness to lay a hand upon the locality or over the organ to which suggestion is being

directed, using either friction or pressure. If the patient can be made to acknowledge that the part feels warm, relief is very certain to follow. My experience has taught me that very sensitive patients may easily be overstimulated by suggestions which are too impressive or too long continued. Very susceptible patients, I also have learned, may be relieved of pain and be invigorated by suggestion in the waking state. But, the physician must adapt himself to the peculiarities of his patient. It may be necessary to convince, to argue, to asseverate with vigor. There is no fixed method. This changes with the patient. The physician should be calm, cool, imperturbable, showing by his manner unfaltering command over himself and complete indifference to any vagaries of the patient. He should possess force sufficient to check all tendency on the part of the subject to laugh or be restless. He should also be able, when necessary, to be impressive in making suggestions. All should be quietly, firmly, and soberly done, the patient being made to comprehend that the procedure deals with a power too grave to admit of trifling.

Probably there are physicians who will not care to use hypnotic suggestion. Shyness, timidity, self-consciousness, lack of imperturbability, in short, of the necessary force and self-control, will make it difficult for any person to hypnotize. But, still, given a certain power of impressiveness, adaptability, calmness and patience, nearly every physician could learn to apply therapeutic suggestion. I contend, however, that the process should be confined to physicians and psychologists, for, if an organ, or a locality, or a condition, can be benefited by suggestion, aided by a correct diagnosis, a wild, aimless, unintelligent use of the same power can and is very liable to do harm. The tests of the degrees of sleep are useful as giving the

certainty of the condition of the patient. If the latter be defied to open his eyes, and does so with ease, we may suppose either that his quietude is due to complaisance, or that he has reached only the first degree of sleep. A certain expression about the eyes which one learns to recognize will define the difference, and the relief of pain, subsequently acknowledged by the patient, will be decisive. When rotatory automatism is reached, we are sure of helping the patient. So that these tests, which may seem absurd, are of great value as indications of the degree of sleep.

There should be no discouragement if the patient fail to be influenced at the first sitting. The novelty of the procedure, the curiosity of the subject, his ignorance as to his own duty, as well as of the proper manner of adapting himself to the needs of the occasion; all these are elements of disturbance, which, probably, will not recur at a second trial. Once win his confidence, and the patient will come for his hypnotic treatment as indifferently as for any other familiar remedy. Much help is afforded by hypnotizing trained subjects in the presence of a new comer. Waking the patient sometimes may cause the operator considerable embarrassment, for, while the majority of subjects awake at command, others linger in sleep, or, if aroused, immediately fall asleep again, and frequently it is quite difficult to arouse them. One should bear in mind that just this same difference between individuals exists in ordinary sleep; one person awaking at a word, while another requires energetic treatment before he awakes.

If a patient be not easily aroused, suggestion may be used. The operator presses with the thumb upon the vertex or forehead of the patient, at the same time saying: "This pressure will open your eyes," etc. It will be seen how necessary is adaptability and presence of mind.

Some patients will awake of themselves at the exact expiration of a period of time suggested by the operator. I have one patient who thus awakes to the second. But, few persons have the sense of time during sleep. It does no harm to leave a patient asleep. Bernheim allowed a patient to sleep eighteen hours. Generally, however, the patient will awake naturally as from an ordinary nap.

The study of hypnotism has discovered that certain persons, a small number, it is true, are not only very easily hypnotized, but, that during the sleep they are profoundly susceptible to suggestion. For this very reason, such individuals are not only exposed to personal danger, but, through their hallucinability they can be used as instruments against others, as false witnesses, as vicarious thieves, in various ways as victims. All this is the result of post-hypnotic suggestion. That is, suggestion to be acted upon at a given time after the subject wakes from the sleep. Those who read the book of Liégeois will find a number and variety of such cases. Still, I adhere to my statement that the percentage of such individuals is small, and, let it be remembered, if the hallucinability of patients be not tested, there will be no suggestion made for subsequent action on the part of the subject. In this way such individuals can be protected.

There is another class of persons whose susceptibility is of such a degree and nature that they can most easily be influenced in the waking state. These unfortunates are more numerous than one would suppose, and yet they are relatively very few in number.

But by a curious sort of instinct, a physician who has hypnotized many persons soon learns to suspect the susceptibility of a patient even before he submits him to hypnotism. Personally, I have seen men made to steal, to acknowledge their connection with supposi-

titious doubtful affairs simply by suggestion in their waking state.

Now what is to be done to protect such persons from themselves and others? Simply this: First, the physician should suggest to his very susceptible and perhaps, to the few female patients who are deeply hypnotized; for their number will be comparatively small, that they can be hypnotized by no other person without his permission. The result may be illustrated by an incident in Bernheim's experience. He had often hypnotized a certain young woman; one day, however, he found her perfectly refractory to his suggestions. He then requested Liébeault to attempt to hypnotize her, and to his surprise, within ten seconds she fell into a profound sleep. Asking an explanation, Liébeault laughingly told him that Beaunis, who recently had been experimenting with this patient, had suggested to her that until he gave her permission, she could be hypnotized only by her regular physician (Liébeault) and himself.

The second class (those who are suggestible in the waking state) can be protected only by laws already in force in certain countries abroad, laws similar to those which protect us from robbery, arson, counterfeiting, personal injury.

There are also individuals who can be made to act upon an hypnotic suggestion at the expiration of very long periods of time. Liégeois succeeded in prolonging this period to precisely twelve months. But these phenomena have no bearing upon my subject.

Very much interesting information upon the medico-legal bearings of hypnotism might be given, but the necessary limits of this paper renders further allusion to this topic impossible.

Turning now to the dangers which the uninformed are so apt to connect with hypnotism, let me say at

once that all writers upon the method of hypnotism as set forth by the school of Nancy, and in this paper, declare with great emphasis that they never have seen the slightest ill effect result from hypnotism. In a very few cases a slight headache sometimes occurs after the first hypnotism, arising doubtless from the agitation natural in very sensitive persons, and due to the strangeness of the process. I have hypnotized several hundred times, and have not yet seen this nor any other uncomfortable result. It is easy to see that a brusque manner on the part of the physician would probably cause some such effect in a timid patient. This headache is fleeting, and may always be avoided by gentleness, and by the suggestion that on waking the patient will feel perfectly well.

With reference to danger to the very susceptible, I have already said all that is needful to ensure their protection. In reply to the fear that frequent hypnotism may act prejudicially upon the mind and nerves of the patient; that is merely a popular and erroneous fancy. Those writers whose experience includes the hypnotic treatment of hundreds and thousands of cases, never have seen a single patient who has been harmed in the slightest degree. What is called yielding the will is really a willingness to fall into a natural sleep. Hypnotism subjects patients to physicians only as a means of physical aid. I have hypnotized patients at least forty consecutive times on succeeding days with no other result than a steady increase of health and of quietness and rest at night. Beaunis hypnotized a lady every day for six months with great benefit. The percentage of cases in which patients would come under the dominion of the physician, as a permanent result, is infinitesimally small, and even then the influence is but little more decided than in any patient who under ordinary conditions has implicit faith in,

and therefore is easily influenced by the medical adviser.

The effect of suggestion quiets pain, calms nervousness and mental distress, gives healthful sleep as a nightly habit. Of itself, the hypnosis is not only as beneficial and as exempt from unfavorable effect as the ordinary sleep, but in a very short period of time will confer a far greater intensity of rest and refreshment. There *is* danger in experimenting upon hallucinable subjects. This is a question by itself and belongs to specialists and students of psychology. This danger is that an hallucination, frequently recalled, is liable to become permanent and may return spontaneously in the waking state. But, unless one be a specialist and have legitimate reasons to the contrary, we, as physicians, do not wish to deal with the hallucinability of our patients when they are in the hypnotic state. Our object is to soothe, to heal, to alleviate, to relieve. In giving cannabis indica we do not, for our own amusement, prescribe doses which will produce hallucinations. Neither should we desire to play upon the hallucinability of the few patients who reach that degree of suggested sleep. Alcohol and poisons have their objections. When abused, they are unsafe. Nevertheless, we do not hesitate to use them nor do our patients hesitate to take them. They trust us. Moreover, the honor of the physician bears the same relation to hypnotism that it does to any other form of treatment.

There is a curious fable afloat to the effect that at the will of the operator, persons can be hypnotized at a distance — any distance. Liégeois has hypnotized by telephone. Bernheim and Liébeault, by mail. Beaunis suggested to a patient, that, when she wished to fall asleep during his absence, she had only to speak his name. The expected result followed. But

it is a simple matter to see that in all these cases, actual suggestion reached the patient and this must always and inevitably occur. There is no mystery, no occult, nor unusual power in this, and the patient must previously first have been once or oftener hypnotized by the operator.

Here let me say that the employment of hypnotism by physicians for the amusement of bystanders, seems to me a misuse of a great gift, a proceeding to which I trust no physician will either descend or give countenance. Thus abused, hypnotism is wronged. It should be held in reserve, not for the entertainment, but either for the relief of humanity or for scientific purposes. Further, I must place upon record, a formal protest against public exhibitions of so-called magnetism by charlatans. This is an abuse of the public, of personal dignity, an infringement upon personal liberty, and can easily lead to, and often has resulted in serious harm. In Austria, Italy, Denmark, Germany and Switzerland such performances are interdicted by law. At the late Congress of Hypnotism in Paris, a resolution was unanimously adopted to the effect that the governments of *all* countries should forbid such exhibitions. A second resolution was that hypnotism should legally be confined to medical practice, or, to those persons only who are empowered to use it, as, for example, psychologists. Even these, says a medical editorial in the last number of the *Journal of Hypnotism*, should have a physician at hand. A third resolution urged the addition of the practical study of hypnotism to the general medical curriculum.

This paper is a mere outline of my subject. I have tried to make it practical; but there is a mass of additional detail which might be given. For this it is necessary to refer those interested to the books.

May I now ask your patient hearing of a very brief statement of the results of some of the cases in which during the past several weeks I have applied hypnotic suggestion?

CASE I. Rheumatism in shoulder, of ten weeks' duration; arm practically useless. Had resisted all ordinary treatment. Sleep of *first* degree only. At first suggestion pain entirely disappeared; no suffering in moving limb. At second suggestion, three days later, for pain on laying arm across back (*second* degree of sleep) pain permanently relieved.

CASE II. Acute bronchitis; dyspnœa; incessant cough; pain and weight under sternum; mental depression; insomnia; *second* degree of sleep. Every symptom relieved; cough ceased; respiration calm, and sternal oppression gone. Patient cheerful, and looked years younger. Could not see case again.

CASE III. Lady passenger on Steamer *Pavonia*. Very sea-sick; steady vomiting; severe headache; insomnia. *First* degree of sleep relieved the symptoms. Effect increased daily until *fourth* degree was reached. Each suggestion gave several hours' sleep. On waking, motion of ship renewed nausea, which, however, steadily decreased from the first suggestion. Treatment gave great comfort to patient. In conversation with Bernheim, he expressed the opinion that suggestion should always be made before subjects go to sea. In a more recent instance, this was effectually done in the case of a lady heretofore invariably sea-sick.

CASE IV. Dyspepsia of three years' duration; headache; vertigo; frequent vomiting; dyspnœa from condition of heart; extreme care necessary in diet. *Fifth* degree of sleep; rotatory automatism and contractions. Dyspepsia wholly relieved by one suggestion; no return. Ten or twelve daily suggestions calmed dyspnœa to such a degree, that patient climbs

hill or stairs with comfort unknown for months. Now in good health; can eat any kind of food with impunity.

CASE V. Extremely morbid; pale; constant headache; vertigo; anorexia; insomnia during past six months. *Fourth* degree of sleep. Patient woke with color in cheeks; cheerful; pain and vertigo gone. Slept nine hours following night. Appetite returned. Four more daily suggestions. Patient cheerful; feels and sleeps well; color fixed; no medicine given. Five days later, pain in vertex and vertigo creating morbidness. Wholly relieved and cheered by one suggestion. Ten days later, another headache easily relieved. Condition remains good.

CASE VI. Rheumatic pains irregularly for years. Now in head, chest and legs. Came into office bowed and crawling. *Fifth* degree of sleep. Every sensation of pain disappeared under one suggestion. Went home erect and walking with ease. Eight suggestions followed; for many chronic ailments require repeated suggestions. Came each day in better condition, and pain always easily relieved. Moral suggestions created courage and ambition, which patient expressed at home, though he never remembered any suggestion. At final visit he said he was ready for any kind of muscular activity.

CASE VII. Sharp neuralgia of fifth pair of nerves in right face. Duration several days. *Third* degree of sleep. One suggestion wholly quieted the pain, which, ten days later, had not recurred.

CASE VIII. Acute bronchitis; incessant cough; pain in lumbar region. *First* degree of sleep. Cough arrested and pain quieted; Only one sitting; subsequent recovery, without return of spasmodic cough.

CASE IX. Rheumatism in shoulder and chest, twelve weeks. Wholly relieved by two suggestions.

Second degree of hypnotism. One month later, sciatica. Resisted ordinary remedies for two days. Permanently relieved by one suggestion.

CASE X. Woke with severe sore throat, such as commonly had lasted for days. Cut short by one suggestion. *Fifth* degree of sleep. Later, intense neuralgia in sphincter ani; relieved by one suggestion; no recurrence. Three later suggestions for other ailments, relieved them. Effect, a remarkable increase in appetite and general health.

CASE XI. Slight hoarseness; cloudiness in singing-tone; difficulty in producing high notes and in sustaining tone. One suggestion (*second* degree) and fifteen minutes of repose. Voice was then unusually clear and brilliant in quality.

CASE XII. Girl of fourteen, constipation of severe degree during eleven years. Laxatives and injections *a sine qua non*. Three suggestions at intervals of two weeks produced regularity which continued three weeks. A fourth suggestion renewed the regularity. *First* degree of sleep. Treatment is occasionally necessary, and is always effectual.

CASE XIII. Knee-strain; pain in movement, especially in mounting stairs; duration, four weeks. Hypnosis difficult; *second* degree. Four suggestions enabled patient to dance until 3 A. M. without return of pain.

CASE XIV. Bronchial cough so incessant that patient had not slept for several nights; hoarseness; voice just above a whisper. *Fourth* degree of sleep. After suggestion cough had ceased, voice merely husky. Patient slept ten hours without coughing; next morning up and dressed. No cough; hoarseness had returned; relieved by one suggestion. No later treatment necessary.

CASE XV. Painful hemorrhoids of large size. The pain, heat and tension were relieved by one suggestion,

and patient slept soundly following night. Naturally this did not dispose of the hemorrhoids; but inflammation at once began to decrease because the patient no longer thought about the part and no further treatment was needed. In any view this treatment was better for the patient than morphia, and more efficacious than applications.

CASE XVI. - Lady, aged sixty-three. Fixed ideas. At the time when the first suggestion was made her idea was that whatever she did was wrong. First attempt produced hypnosis of the *second* degree. After cheering suggestions, patient was more serene. At next sitting found patient considered it a sin to be hypnotized. This, of course, was a counter-suggestion, and it was immovable.

CASE XVII. Dyspepsia of long standing and distressing nature; insomnia and constipation. Patient aged sixty. *Fourth* degree of sleep. Stomach symptoms and insomnia relieved by two suggestions. Three other treatments caused steady improvement in the constipation.

CASE XVIII. Chronic and ceaseless headache in one spot. Has affected patient's mind. Occasional attacks of muscular twitching in face and arms suggested a cortical lesion. Patient refractory to hypnotism.

CASE XIX. Menstrual period delayed two months. *Second* degree of sleep. Suggested forcibly that period would appear on following day. Actually came on in thirty-six hours.

CASE XX. Constipation; laxatives necessary during past three months. First sitting a failure. Second *séance* patient reached *second* degree. Suggested relief of the trouble. Patient became regular for three days, after which suggestion affected permanent regularity and quieted severe dysmenorrhœa. Several weeks

later same patient treated by suggestion for delayed period. Menstruation began within eight hours.

CASE XXI. Intemperance during past three years; whiskey the beverage. Patient educated, and occupies a responsible position. Looks bad; has anorexia, insomnia, constant headache, shaking hand; can hardly hold pen. Previous to suggestion writing nearly illegible; cannot write a letter. Easily influenced to *fifth* degree. Imperfect memory of suggestions on waking. Suggested perfect control of hand, loathing for alcohol and disappearance of abnormal symptoms. Twenty minutes later wrote a bold, clear hand. Head clear, strength increased. Slept well that night. Following day, looks and feels better; desire for drink decidedly lessened; hand-writing firmer, and again improved by suggestion; appetite better; no pain in head. Three additional suggestions on following days. Patient now better in every sense. Can write correspondence with ease. Not only desires no liquor, but feels strange disgust when he thinks of it. Suggestion had steadily been that patient would feel just this loathing, and since memory on waking was imperfect, the result was the effect of the suggestion. Weeks elapsed, during which suggestions were made at long intervals, and herein was the error. Suddenly patient began to drink again. He at once put himself under renewed treatment, feeling the greatest confidence in its aid. The original application should have been continued daily without break for, at least, thirty days. Under a profounder and continued effect of suggestion, mental balance would perhaps have been restored. This is my only experience in treating intemperance by suggestion, but the result of the imperfect treatment is by no means discouraging, and I hope eventually to give this patient a permanent distaste for alcohol.

CASE XXII. Male. Imperfect articulation from

paralysis of tongue; weakness of right arm. The single shock occurred in September last. Hypnotized with rapidity; after suggestion, articulated with greater ease. Four treatments followed. Patient now speaks without difficulty. Articulation clear, and hand-writing firm and natural. Was also relieved of constipation. Has "not been so regular in ten years."

CASE XXIII. Sciatica of four months' duration. Patient cannot sit without great pain; limps in walking. Easily hypnotized. On waking, patient dropped with his full weight into hard chair, and could kick affected leg and walk without the slightest sense of pain. Two days later returned for relief of slight recurrent pain. Suggestion renewed the original result. Have not since seen the patient.

CASE XXIV. Mental depression of long duration; pain in head and back; constipation; dysmenorrhœa; anorexia; insomnia. This was an obstinate case, which had resisted various forms of treatment, and patient was in despair. *Profoundly* hypnotized twice weekly for three weeks. Depression, pains and constipation have disappeared; appetite and sound sleep returned. Period occurring was the most comfortable for several years. Patient cheerful, even gay.

CASE XXV. Similar to foregoing, but with less depression. Catarrh of cervix uteri existed, and received two applications of carbolized iodine. Period delayed obstinately. Reappeared within two hours after suggestion. This patient responded to suggestive treatment most satisfactorily, and her general health is nearly normal. Still under treatment.

CASE XXVI. General lack of vigor; very frequent sick-headaches; heart lethargic; profuse leucorrhœa; indisposition to be active either in study or bodily movement; absolute anorexia. From the day of first suggestion, vigor, endurance, appetite, sleep, and power

in circulation have all increased. Cheerfulness has returned. Case still under treatment.

CASE XXVII. Severe pain in shoulder and neck. *Profound* sleep. Patient wholly and permanently relieved by one suggestion.

CASE XXVIII. Lack of strength and appetite for twelve months. Entire system languid. Face pale; cold extremities. Patient reaches only *first* degree of sleep; nevertheless, nine treatments by suggestion have restored strength, appetite, sleep, vigor of mind, and facial color.

CASE XXIX. Neuralgia of the infra-orbital nerve, of several years' duration. Pain remits, but is obstinate. Three attempts to hypnotize were wholly fruitless. Patient is seventy-eight years of age, and pain was a steady obstacle to hypnotism.

The following are hospital cases:

CASE XXX. Abdominal tumor. Wandering pains, which are invariably relieved by suggestion.

CASE XXXI. Chronic hysteria; contracted legs; cystitis. Patient one day almost convulsive from fright caused by sudden palpitation of heart. Within two minutes patient was hypnotized. After necessary suggestion, I woke her five minutes later. She was calm, cheerful, and buoyant. Suggestions twice weekly have since kept patient calm and serene, and added largely to relief of bladder. General health and appetite have improved.

CASE XXXII. Torticollis in case of chronic and general rheumatism; much pain; head immovably drawn to one side. Slept quickly. Suggestion restored pliability of neck and relieved pain within ten minutes. No recurrence.

CASE XXXIII. Functional paraplegia and hemi-anæsthesia of twelve months' duration; result of fall; legs absolutely flaccid and powerless; always necessary for

nurse to place the feet; leg muscles scarcely perceptible. First hypnosis *profound*. Lifting leg into horizontal position and defying patient to put it down, leg remained extended for a brief period, thus giving a diagnosis of functional paraplegia. Suggestions of ability to stand, raise legs, cross them, etc., have resulted after ten sittings in power during waking state to lift legs together into horizontal position, cross either leg over the opposite knee, and stand with ease during a limited period of time. Chronic constipation and spinal pains have disappeared, and retention of urine much relieved. Leg muscles largely increased in size. Used secondary current a few times for the pains in back. In this case suggestions were made more effectual by forcing patient to repeat them during sleep. Amnesia on waking. Later: patient can now walk.

CASE XXXIV. Ataxic conditions in a female. Staggering, spasmodic, jerky gait; Romberg symptoms; cane necessary; absence of knee-jerk. Ten suggestions have largely increased the power of this patient, who has discarded cane. While half awakened from the sleep she clutches her legs in a startled manner from the thighs downward. Says they tingle as if a stream of some sort were running through them.

CASE XXXV. Lack of power in legs from fracture of skull by a falling tree. Pain in one foot, of exquisite intensity, has lasted many months. Foot cannot bear weight of bed clothes. This pain was relieved by one suggestion, and six treatments have largely increased power in legs. In the beginning, crutches were indispensable. Patient can now walk, in a staggering manner, without them. Still under treatment.

This list might be lengthened, but seems sufficient as a testimony to the usefulness and rapid action of suggestion. In two of these cases heart tonics were

given. In one I gave iron. In the remainder no drugs were used.

The claims of the therapeutic application of hypnotic suggestion naturally and properly will be met by many physicians with conservatism; by many others, I fear, with lack of interest. In anticipation of this, I will say simply that it is never fair to condemn a form of treatment before one clearly understands it, and has become familiar with its application and results. We are still on the threshold of the possibilities of suggestive therapeutics. They will not reach every case. Neither do scores of familiar and generally helpful remedies. Exceptionally, suggestion fails even when deep sleep has been caused. It is hardly necessary to adduce instances of scepticism which have become transformed into general adoption of forms of treatment but recently condemned. I will, however, mention Listerism and antiseptics, laparotomy in various forms, and the use of electricity as a means of relief; and the list might be lengthened.

I can ask for hypnotic suggestion merely a fair hearing and personal trial. My own observation, study and experience have convinced me that, in verbal suggestion under hypnosis, we not only possess a remedy of great value, but that we have reason to be grateful, first and especially, for the knowledge of the treatment as applied by the Nancy school, and, further, to the faithful men who have done so much to develop as well as to bring it before the medical public, and who continue to be humble students in the path into which it has led them. At their head, as pioneer, I place Liébeault. Bernheim is his brilliant follower. To Liégeois praise is due for his profound study of the medico-legal bearings of the subject.

In closing my paper, I must express my thanks to all of these gentlemen (particularly to Professor Bern-

heim) for their unwearied courtesy to me during my recent study of hypnotic suggestion in Nancy.

In demonstrating hypnotism, I have nothing to show in the direction of hallucinations; because, in the application of suggestion, I have no other interest than in relieving my patients.

The four patients who have been kind enough to come here this evening will exhibit very clearly the various degrees of hypnotic influence from the second stage to profound sleep.

Upon my holding a finger and thumb before his eyes, the first patient sleeps at once. He is perfectly conscious, but, in spite of his utmost endeavor, cannot open his eyes. This is the second degree of somnolence. In this stage suggestion has relieved this gentleman of inability to use his tongue freely, a result of slight paralytic shock occurring in September last.

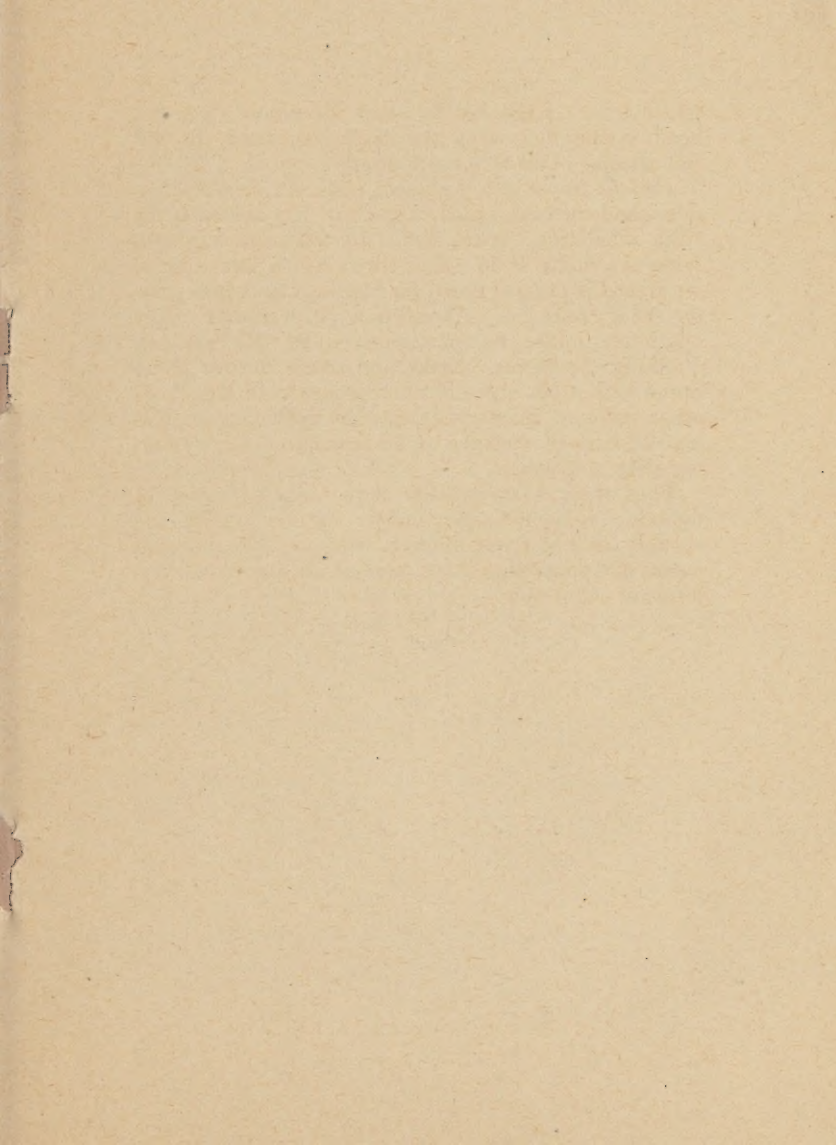
Patient No. 2. — Slowly counting seven, I tell the patient that before I reach seven he will be asleep. He is asleep. In this case you observe that catalepsy in the arms and rotatory automatism in the hands are well-marked, showing that the patient has reached the fourth degree of sleep. He is anæsthetic.

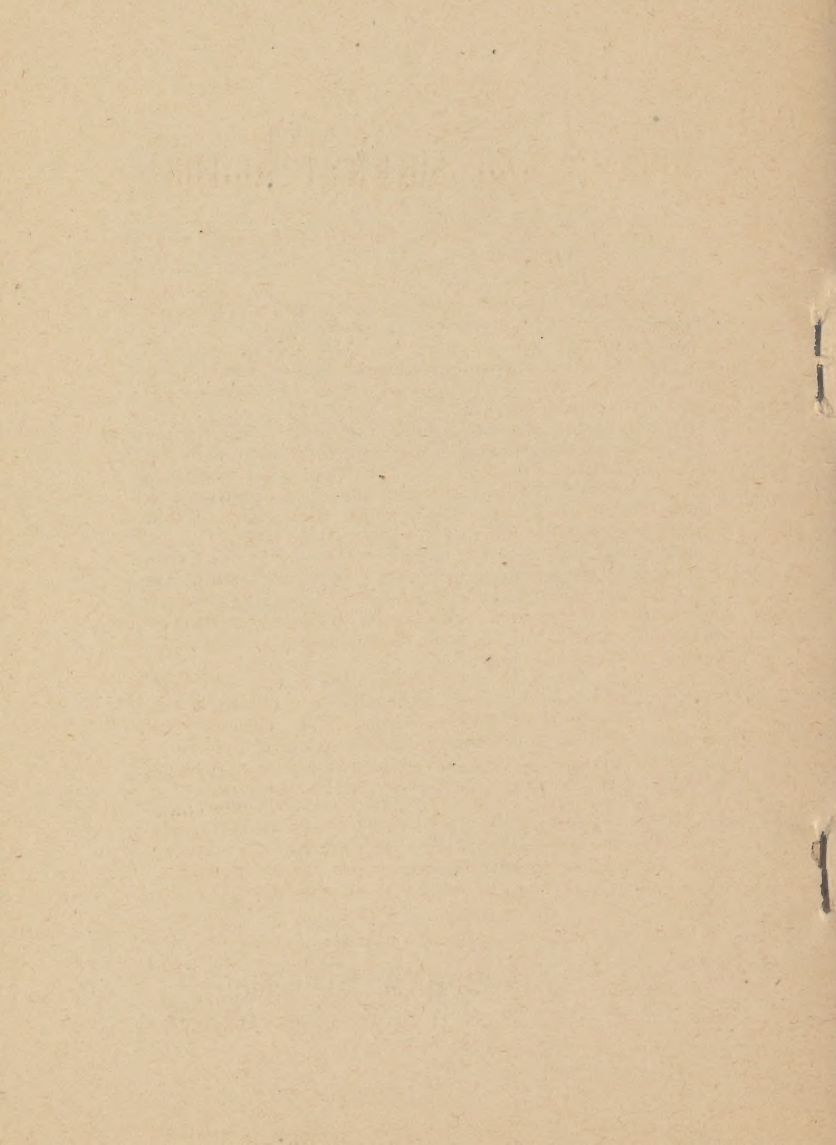
Patient No. 3, being requested to count seven, will fall asleep before she reaches seven. She falls asleep at six, whispering seven in sleep. Here catalepsy and automatic obedience are perfect. I ask her to rise. She does so. I request her to come toward me. She does so. Telling her that she cannot advance, but can go backward; then that she can neither go backward nor advance, obedience is absolute, and clearly shows that her mind is possessed simply by the idea I express. It should be easy to see that when ill such a subject can readily be helped by suggestion. This patient, as proved by the trial just made, can wake on the second after an interval of sleep, the duration of

which I fix. I tell her to clasp the hands over her head, saying that when the fingers interlace she will fall asleep. This follows promptly.

Patient No. 4, at my request, takes six deep inspirations, and the suggestion, "you will fall asleep at the sixth inhalation," is realized. In this case catalepsy takes the classic form. The lifted arm is like a bar of wood, and if pressed downward springs back into place on being released. Anæsthesia is profound. Any operation might be performed upon this patient. Pricking the hands, cheeks and nasal mucous membrane with a pin there is no response. In the three other patients memory existed on waking. In this man absence of memory of all that has occurred during sleep is absolute.

Thus these four patients show a graded series of hypnotic influence, and enable me to exhibit the various tests of these different stages. The different means of hypnotizing these patients are merely various forms of suggestion.





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